

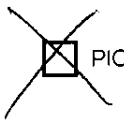
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Pennington Moore
(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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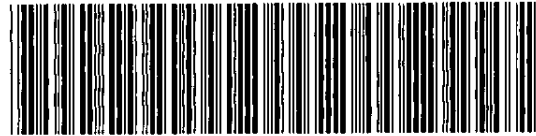
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DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

09 APR 24 PM 3:22

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FILED
09 APR 24 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

APR 24 2009

EXAMINER

ARTICLES OF ORGANIZATION
OF
HEALTH VENTURES SURGICAL CENTER, LLC

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes (the "Florida Limited Liability Company Act"), files these Articles of Organization for the purpose of forming a Limited Liability Company under the laws of the State of Florida.

Article I.

Name.

The name of the Limited Liability Company is HEALTH VENTURES SURGICAL CENTER, LLC (hereinafter referred to as the "Company").

Article II.

Purpose

The purpose for which the Company is organized is to acquire, manage and hold for investment and development purposes stock, bonds, securities, real estate or any other property and generally to engage in any and all businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

Article III.

Address Of Principal Place Of Business.

The mailing address and the street address of the principal place of business in Florida for the Company is: 1401 Centerville Road, Box 210, Tallahassee, FL 32308. Such address may be changed from time to time as provided in the Operating Agreement.

Article IV.

Registered Agent.

The name and Florida street address of the initial registered agent in Florida for the

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TALLAHASSEE, FLORIDA

Company are:

Judy Davis
1300 Miccosukee Road
Tallahassee, Florida 32308

Article V.
Management.

The Company shall be a member-managed company. The name and address of the Managing Member of the Company until the first annual meeting of Members or until its successor(s) are duly elected and qualified are as follows:

Title:

Name and Address:

Managing Member (MGRM)

Tallahassee Memorial Health Ventures, Inc.
1401 Centerville Road, Box 210,
Tallahassee, FL 32308

Article VI.
Members; Admission Of New Members.

The Company shall have at least one (1) Member. New Members may be admitted in the manner provided in the Operating Agreement.

Article VII.
Continuity Of Business.

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Company, the business of the Company shall be continued. If Tallahassee Memorial Health Ventures, Inc. remains the sole Member of the Company and its membership terminates for any reason, another affiliated entity of Tallahassee Memorial Health Ventures, Inc. shall continue the business. The Company shall not be dissolved without the prior written consent of all of the remaining Members of the Company, if any.

Article VIII.
Indemnification.

Unless expressly agreed otherwise in writing by all of the Members, the Company shall

indemnify any Managing Member or former Managing Member to the full extent permitted under the Florida Limited Liability Company Act.

Article IX.
Effective Time and Duration.

These Articles shall be effective when filed with the Florida Department of State. The Company's duration is perpetual, unless dissolved sooner, as provided in the Florida Limited Liability Act or the Company's written Operating Agreement.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 22 day of April, 2009.

IN ACCORDANCE WITH SECTION 608.408(3), FLORIDA STATUTES, THE EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.

TALLAHASSEE MEMORIAL HEALTH VENTURES, INC., MEMBER



**WILLIAM A. GIUDICE, Member's
Authorized Representative**

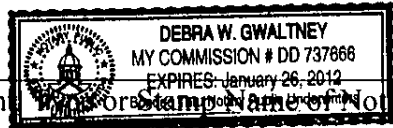
STATE OF FLORIDA,
COUNTY OF LEON.

The foregoing instrument was acknowledged before me this 22 day of April, 2009, by WILLIAM A. GIUDICE, as an Authorized Representative of TALLAHASSEE MEMORIAL HEALTH VENTURES, INC., on behalf of the company. He is personally known to me-or has produced _____ as identification.



NOTARY PUBLIC-STATE OF FLORIDA

Print Name of Notary Public



CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE


Pursuant to the provisions of Chapter 608, Florida Statutes, the undersigned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the company is: Health Ventures Surgical Center, LLC
2. The name and address of the registered agent and office is:

Judy Davis
(NAME)

1300 Micosukee Road
(P.O. BOX NOT ACCEPTABLE)

Tallahassee, Florida 32308
(CITY/STATE/ZIP)



William A. Giudice,
Member's Authorized Representative

4/22/2009

DATE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE: _____

DATE: _____

REGISTERED AGENT FILING FEE: \$25.00